Northern Ireland Practice and Education Council for Nursing and Midwifery

Project Plan For

The Review of Midwifery Supervision

In Northern Ireland
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1.0 Introduction

1.1 Supervision of midwives is a statutory responsibility which provides a mechanism for support and guidance to every midwife practising in the United Kingdom (UK). The purpose of supervision of midwives is to protect women and babies by actively promoting a safe standard of midwifery practice\(^1\).

1.2 Supervision is a means of promoting excellence in midwifery care, by supporting midwives to practise with confidence, therefore preventing poor practice.

1.3 Supervision of midwives is carried out on behalf of the Nursing and Midwifery Council (NMC) by the local supervising authorities (LSAs). LSAs are responsible for monitoring the quality of midwifery practice. The NMC sets the rules and standards for the functions of the LSAs. Each LSA appoints a practising midwife known as the Local Supervising Authority Midwifery Officer (LSAMO) who has responsibility for carrying out the LSA's functions. In Northern Ireland the LSA is the Public Health Agency (PHA).

1.4 Supervision has evolved over the past number of years and is held in high regard by the midwifery profession along with a range of stakeholders. A number of recent inquiries and reports\(^2\)\(^3\)\(^4\) have recently raised significant issues regarding the function and impact of Midwifery Supervision. As a result the NMC commissioned the King’s Fund to conduct a UK-wide review of Midwifery Supervision.

1.5 Recently in Northern Ireland (NI), the Department of Health, Social Services and Public Safety’s (DHSSPS) Chief Nursing Officer (CNO), convened and facilitated high level discussion across Executive Directors of Nursing and the Heads of Midwifery and Midwifery supervision which focused on the quality and role of

\(^1\)Nursing and Midwifery Council (NMC,2009) Modern supervision in action a practical guide for midwives. London 2009
\(^2\)Nursing and Midwifery Council (NMC 2012) Review of University Hospitals of Morecambe Bay NHS Foundation Trust Date of review: 18-20 June 2012
\(^3\)Nursing and Midwifery Council report on the return review visit to the maternity services at North West London Hospital NHS Trust
\(^4\)Parliamentary and Health Service Ombudsman (2013) Midwifery supervision and regulation: recommendations for change Published by TSO (The Stationery Office)
supervision in Northern Ireland. Although there were no concerns or issues identified regarding midwifery supervision in NI, it was considered timely to conduct a NI review.

1.6 CNO has therefore tasked the Northern Ireland Practice and Education Council (NIPEC) to undertake a review of Midwifery Supervision in NI working in partnership with the LSA and Health and Social Care stakeholders.

2.0 Background

2.1 Since the Midwives Act (1902) the profession of midwifery has been regulated. The regulations require the certification of all midwives with provision of a penalty for any woman practising midwifery without certification. The stated purpose of the Act is ‘to secure the better training of midwives and to regulate their practice’. Under the Act a woman not call herself, nor practice as a midwife, unless she was certified under the Act\(^5\).

2.2 To ensure safe and effective midwifery practice, the Nursing and Midwifery Council (NMC) is required, by the Nursing and Midwifery Order 2001\(^6\) to maintain a register of qualified midwives and establish rules and standards of proficiency. The Nursing and Midwifery Order 2001 also sets out a statutory requirement that all midwives are subject to supervision. The fundamental purpose of supervision is to enhance the protection of women and babies by actively promoting and supporting safe standards of midwifery practice.

2.3 Over the past number of years, Midwifery Supervision has been transformed to provide a more supportive framework. In each of the four UK Countries, Local Supervising Authorities (LSA’s) are in place and appoint a LSA Midwifery Officer/s (LSAMO) to carry out the LSA function.


\(^6\)Nursing and Midwifery Order 2001 (The Order).
2.4 LSAMO's are all practicing midwives with experience in statutory supervision and provide a focus for issues relating to midwifery practice within each area. They also contribute to the wider NHS agenda by supporting public health and inter-professional activities at strategic level though NHS England, Health Boards, Health Inspectorate and the Public Health Agency (PHA) in NI.

2.5 Supervisors of Midwives (SoMs) carry out the actual supervision of midwives. They are experienced, practising, midwives who have undergone education and training in the knowledge and skills needed to supervise midwives. They act as an impartial monitor of the safety of each midwives' practice and they encourage midwives to develop their skills and knowledge. Supervisors are appointed by the LSA's and operate within a ratio of 1 supervisor to 15 midwives through UK.

2.6 In December 2013, an Ombudsman report was published following the completion of investigations into complaints from three families. The report outlined that in all three cases, the midwifery supervision and regulatory arrangements at the local level failed to identify poor midwifery practice at Morecambe Bay NHS Foundation Trust. The report states, that in the view of the reviewers 'these cases clearly illuminate a potential muddling of the supervisory and regulatory roles of Supervisors of Midwives'.

2.7 Whilst no concerns were discussed at the recent high level meeting in Northern Ireland CNO has requested that an in depth review of the midwifery supervision framework in Northern Ireland (NI) should be conducted to provide external assurance.

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8 Parliamentary and Health Service Ombudsman (2013) Midwifery supervision and regulation: recommendations for change Published by TSO (The Stationery Office)
2.9 The direction and imminent output of this review, will be informed by the King's Fund report\(^9\) which was published in January 2015 and the subsequent NMC Council decision taken as a result of the King's Fund recommendations. This will all be taken into consideration during the review process, along with the implications of the introduction by the NMC of Revalidation for all nurses and midwives from 31 December 2015. In addition the introduction of *The Code*\(^10\) from 31 March 2015 along with other existing and emerging evidence and standards, for example the introduction of *The Attributes Framework: Quality 2020* \(^11\)and the recent *Donaldson Review* \(^12\) (2014) in Northern Ireland.

3.0 **Project– Aim and Objectives**

3.1 **Aim**

To review the current status and impact of the midwifery supervision framework in Northern Ireland in the context of the NMC Council’s decision to remove midwifery supervision from statute and to provide external assurances to the Chief Nursing Officer, Executive Directors of Nursing and other stakeholders in NI.

The review will focus on current local arrangements, challenges and barriers to midwifery supervision and recommend how best mothers and babies in Northern Ireland can be protected by providing recommendations of a robust supervision framework.

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\(^12\) Donaldson Review (2014) *THE RIGHT TIME, THE RIGHT PLACE An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland DECEMBER 2014*
3.2 Objectives

i. Conduct national and international research involving a literature review which includes international wide midwifery supervision processes, inquiries, policies and other professional supervision frameworks.

ii. Consider the key messages and recommendations of the Kings Fund Review\textsuperscript{13} using these as a benchmark within the review process.

iii. Conduct an analysis of current and future supervision of midwifery taking into account recruitment and retention issues and the ratio of supervisors to midwives across the current midwifery workforce.

iv. Assess the need to conduct a NI audit addressing the current role of the supervisor identifying challenges, barriers and potential suggestions for the future role, following the review of a recent audit conducted by the LSAMO Forum (Jan 2015).

v. Take into consideration the implications of the introduction by the NMC of Revalidation for all nurses and midwives from 31 December 2015 and the introduction of a Code\textsuperscript{14} from 31 March 2015. Also to take into consideration the NI Attributes Framework in relation to any changes required that impacts on the midwifery supervision framework.

vi. Engage with key individuals to include women; midwives; supervisors of midwives; heads of midwifery; LSAMO’s; directors of nursing; professional bodies and the Nursing and Midwifery Council throughout the NI review.

vii. Submit a review report to the DHSSPS Chief Nursing Officer with an action plan to take forward the recommendations and proposed a robust model of a midwifery supervision framework for NI.

\textsuperscript{13} The Kings Fund (2015) Midwifery regulation in the United Kingdom; Report commissioned by the Nursing and Midwifery Council.

3.3 Scope of Review

1. Engage with women; Executive Directors of Nursing, Local Supervising Authorities, supervisors of midwives, heads of midwifery, midwives and professional bodies.
2. Develop a set of structured questions that will be utilised through survey monkey, face to face engagements and focus groups.
3. Obtain views from women who have engaged with the supervision framework
4. Engage with the NMC Midwifery Committee/Council, keeping them informed during the process

4.0 Methodology Overview

4.1 It is intended to deliver the review over a period of six months, providing an interim report to the CNO by June 2015. A work programme is attached at Appendix One, designed to achieve the objectives outlined above.

4.2 An Expert Reference Group will be established to oversee the project direction, chaired by an Executive Director of Nursing and co-chaired by a Head of Midwifery.

4.3 Senior Professional Officer, Brenda Devine (NIPEC) will lead the project in partnership with the LSA, HSC and other stakeholders.

4.4 Membership (appendix two) of the Expert Reference Group

4.5 Throughout the project, appropriate engagement and representation from midwives, supervisors of midwives and their managers will be conducted via mechanisms agreed by the Expert Reference Group.

4.6 Engagement with relevant multi-professional stakeholders will be conducted as appropriate and agreed by the Expert Reference Group.

4.7 The ongoing progress and evaluation of the project will be available to view on NIPEC’s website.
5.0 Resources

5.1 NIPEC will co-ordinate, host and provide midwifery professional expertise as well as administrative support to the project, applying a project management approach. Individuals on the Expert Reference Group and any additional groups, have a responsibility to represent their organisation effectively, by full attendance at meetings relating to the project.

5.2 Participating organisations will undertake to ensure that relevant staff are released for all required meetings for the duration of the project, and will support further participation in activities/groups if required, to achieve the objectives and take forward agreed recommendations of the project.

6.0 Equality and Governance Screening

6.1 To ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Equality and Governance areas, the project plan, its aims and objectives and outcomes have been examined and screened for any issues relating to the following areas:

- Risk Management
- Equality and Human Rights
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

6.2 A summary of these considerations and any action required is documented in Appendix 3.

7.0 Evaluation

7.1 The project will be evaluated on an on-going basis, evidenced through the verification of the accuracy of data presented.
7.2 On-going progress will be reported to the Chief Nursing Officer and Executive Directors of Nursing and Midwifery through Executive Nurse Directors/Chief Nursing Officer meetings and representatives on the project group.

8.0 Dissemination

8.1 Dissemination of the outputs and report of the project will be the responsibility the Department of Health, Social Services and Public Safety, through the offices of the Chief Nursing Officer.

Bibliography

Nursing and Midwifery Council (NMC 2012) Midwives Rules and Standards London


## Draft Work Programme 2014

### Project – Review of Midwifery Supervision

<table>
<thead>
<tr>
<th>Activity</th>
<th>Target</th>
<th>Related objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Letter of invitation to key stakeholders of representation from midwifery services for Expert Reference Group</td>
<td>Feb 2015</td>
<td>All</td>
</tr>
<tr>
<td>2. Establishment of an Expert Reference Group</td>
<td>March 2015</td>
<td>All</td>
</tr>
<tr>
<td>3. Agree project plan and format of engagement</td>
<td>March 2015</td>
<td>All</td>
</tr>
<tr>
<td>4a. Secure and establish an agreed format for collating data collected on current midwifery supervision framework.</td>
<td>March 2015</td>
<td>All</td>
</tr>
<tr>
<td>4b. Review literature</td>
<td>March 2015</td>
<td>ii</td>
</tr>
<tr>
<td>5. Act on the key messages and recommendations from the Kings Fund Review</td>
<td>April 2015</td>
<td>iii</td>
</tr>
<tr>
<td>6. Conduct an analysis of current and future supervision of midwifery recruitment and retention issues</td>
<td>April 2015</td>
<td>i &amp; iv</td>
</tr>
<tr>
<td>7. Conduct a solutions focussed audit addressing the current role of the supervisor identifying challenges, barriers and potential suggestions for the future role</td>
<td>May 2015</td>
<td>v</td>
</tr>
<tr>
<td>8. Take into consideration the revalidation process, the revised Code and the Attributes Framework in relation to any changes required that impacts on the midwifery supervision framework</td>
<td>June 2015</td>
<td>vi</td>
</tr>
<tr>
<td>9. Analysis of data collated - submit interim report to CNO</td>
<td>June 2015</td>
<td>all</td>
</tr>
<tr>
<td>10. Review Draft report for the DHSSPS’s Chief Nursing Officer with an action plan to take forward the recommendations outlined within the report.</td>
<td>July 2015</td>
<td>vii</td>
</tr>
</tbody>
</table>
Appendix 2

Suggested membership of the **Expert Reference Group**

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Olive Macleod</td>
<td>Executive Director of Nursing (Chair)</td>
<td>NHSCT</td>
</tr>
<tr>
<td>Patricia McStay</td>
<td>Head of Midwifery (SoM) (Co-Chair)</td>
<td>SHSCT</td>
</tr>
<tr>
<td>Verena Wallace</td>
<td>LSAMO</td>
<td>PHA</td>
</tr>
<tr>
<td>Elizabeth Bannon</td>
<td>Co-Director Woman and Child Services</td>
<td>BHSCT</td>
</tr>
<tr>
<td>Margaret Rogan</td>
<td>Consultant Midwife (SoM)</td>
<td>BHSCT</td>
</tr>
<tr>
<td>Cathy Hamilton</td>
<td>Midwife (SoM)</td>
<td>NHSCT</td>
</tr>
<tr>
<td>Zoe Boreland</td>
<td>Head of Midwifery (SoM)</td>
<td>SEHSCT</td>
</tr>
<tr>
<td>Carolyn Moorhead</td>
<td>Midwifery Lecturer</td>
<td>QUB</td>
</tr>
<tr>
<td>Maureen Millar</td>
<td>Lead Midwife (SoM)</td>
<td>WHSCT</td>
</tr>
<tr>
<td>Breedagh Hughes</td>
<td>Director Royal College of Midwives</td>
<td>NI RCM</td>
</tr>
<tr>
<td>Dr Patricia Gillen</td>
<td>Member of NMC Midwifery Committee</td>
<td>NMC</td>
</tr>
<tr>
<td>Pamela Redmond</td>
<td>Governance Midwife</td>
<td>SEHSCT</td>
</tr>
<tr>
<td>Brenda Devine</td>
<td>Senior Professional Officer (Project lead)</td>
<td>NIPEC</td>
</tr>
</tbody>
</table>
Terms of Reference – (to be agreed)

TOR 1 To agree the project plan and timescales
TOR 2 To contribute to the achievement of the project aims and objectives
TOR 3 To undertake ongoing monitoring of the project against the planned activity
TOR 4 To agree a mechanism of progress reports to Chief Nursing Officer

Note:
- The Expert Reference Group will meet approximately on four to six weekly intervals through the lifespan of the project.
- Membership of Expert Reference Group is non-transferrable except in exceptional circumstances and with prior agreement of the Chair.
### Outcome of Equality and Governance Screening

#### Appendix 3

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
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<tbody>
<tr>
<td><strong>Risk Management questions</strong></td>
<td></td>
</tr>
<tr>
<td>• Have any risks been identified?</td>
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<tr>
<td>• What is the potential impact of these?</td>
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<tr>
<td>• How can these be mitigated or have alternatives options been identified which would have a lower risk outcome?</td>
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<tr>
<td>• Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?</td>
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<tr>
<td><strong>Equality and Human Rights questions</strong></td>
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<tr>
<td>• What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 equality categories (minor/major/none)?</td>
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<tr>
<td>• Are there opportunities to better promote equality of opportunity for people within the Section 75 equality categories?</td>
<td></td>
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<tr>
<td>• To what extent is the policy likely to impact on good relations between people of a different religious belief, political opinion or racial group (minor/major/none)?</td>
<td></td>
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<tr>
<td>• Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?</td>
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<tr>
<td><strong>NB –</strong> please refer to NIPEC’s Equality Screening Policy and Screening Templates to assist in considering equality and human rights</td>
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<tr>
<td><strong>Privacy Impact Assessment (PIA) questions</strong></td>
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<tr>
<td>• Will the project use personal information and/or pose genuine risks to the privacy of the individual?</td>
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<tr>
<td>• Will the project result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?</td>
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<tr>
<td><strong>Personal and Public Involvement (PPI) questions</strong></td>
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<tr>
<td>• Has a requirement for PPI been identified, and if so, what level of PPI will be required for the project?</td>
<td></td>
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<tr>
<td><strong>NB –</strong> please refer to and use NIPEC’s PPI Decision Tree/Algorithm to assist in considering PPI</td>
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</table>
For further Information, please contact

NIPEC
Centre House
79 Chichester Street
BELFAST, BT1 4JE
Tel: 028 9023 8152
Fax: 028 9033 3298

This document can be downloaded from the NIPEC website
www.nipec.hscni.net

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